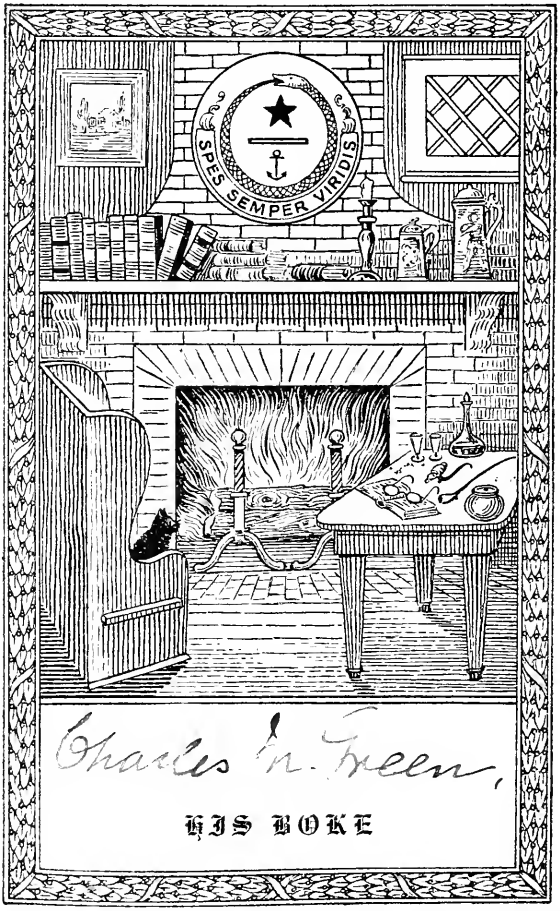

C. M. Drew, M. D.

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HAND-BOOK

OF

ECLAMPSIA,

OR,

NOTES and CASES

OF

PUERPERAL CONVULSIONS.

Comprising all the cases which have occurred during the present century, within a radius of several miles around Avondale, Chester Co., Penn'a, so far as can be ascertained

BY

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DEDICATORY.

THIS

MANUAL

IS

AFFECTIONATELY DEDICATED

TO

WOMAN IN HER MATERNITY

AND INSCRIBED

TO THE

YOUNG AND ISOLATED PHYSICIAN

PREFACE.

In the preparation of this Manual, we have aimed to be practical. We have sought for *Professional Inspiration* at the *Couch of Suffering*, and we have gathered a rich return of *Observation and Experience:* a simple and truthful narrative of which we esteem of more value than volumes of learned ignorance and sophistical speculation.

With the aid of this brief Pocket Remembrancer it is hoped that the young *accoucheur*, while anxiously awaiting the tardy processes of Nature, may be able to forearm himself against an emergency which may burst upon him, at any moment, with the suddenness of a lightning flash: whether it may be to anticipate and ward off, or successfully meet and repel the threatened danger.

NOTES AND CASES
OF
PUERPERAL ECLAMPSIA.

INTRODUCTORY.

In these notes we propose to make a somewhat original inquiry in relation to *Puerperal Eclampsia*. It has been suggested that the aggregate history of the disease, as it has appeared in a district of considerable extent during a long series of years, would afford a *Horoscope* of much greater intrinsic value than is found in isolated cases. To this end we have sought to gather and bring together the cases which have occurred within a radius of several miles, around Avondale, as a centre, during the present century,—a territory of nearly two hundred square miles, and a period of more than four-score years. Considered as links in this extended series, each case, brief and imperfect as its history must necessarily be, acquires a significance it would not otherwise possess. By this means we hope to show more clearly,

1. The various *forms* that puerperal eclampsia assumes.

2. The *frequency* of its occurrence at different periods.

3. Its alarming *increase* in later years.

4. The probable *causes* of that increase.

5. The superior value of *blood-letting* as a remedy.

6. And, what is no less important, *how* to apply it.

While it would be unreasonable to expect the *elite* of the profession to leave the *bosses* of their respective schools to follow *plebeian guides;* yet we know that there are many *country practitioners*, in isolated places, with few *books*, away from professional *advisers*, and with little, perhaps no *experience* in the management of eclampsia. Our sympathies are with *them*, and we purpose to offer *them* a safe and reliable *guide*, until a ripened experience and matured judgment shall fit them to be *guides unto themselves.*

It is a fact that many, perhaps most women, incline to become more plethoric during the latter months of their pregnancy. It may be either general or local.

General plethora may result from mere sedentary habits or increased assimilative activity, incident to fœtal nutrition.

Local plethora, a disturbance of the circulation, an undue determination of blood, especially to the head, is

a more serious matter. So far as it relates to this inquiry, it appears to be caused by *pressure of the gravid uterus* upon the abdominal viscera, impeding at once the descending *arterial* and the ascending *venous* currents of the blood. Thus producing arterial *hyperæmia* of the brain and venous *stagnation* of the lower limbs.

It is a fact that during the maternal period, more especially of the life of women, a strong sympathy exists between the brain and the uterus, and which becomes intensified during pregnancy. But we fear that there has been too much prominence given to this sympathy as a *factor* in the production of eclampsia.

It is to this *hyperæmia* of the brain, more especially, and to this *sympathy*, in a less degree, that we must look for the *proximate cause* of those sudden and violent bursts of puerperal eclampsia, which carry dismay to the stoutest heart.

But the inquiry does not end here.

It is a fact that during the past and the earlier part of the present century, at least in rural districts, women were not yet addicted to tight dressing. They had not

yet acquired the unnatural, waspish constriction of the waist. Their abdomens were, as God designed them, capacious enough to contain the viscera and allow space for the gravid uterus to ascend.

It is a fact that during the same period women generally had recourse to blood-letting during the latter months of pregnancy. If doctors were less plenty and less used, every neighborhood had its bleeder. Even the midwives practiced bleeding and cupping with gourds for cups.

It is a fact that during the same period puerperal eclampsia was very rare, almost unknown. A single case occurred in 1815. (See No. 16.) We well remember the profound sensation which it occasioned for miles around as an affliction almost unheard of and unknown.

But, on the contrary,

It is a fact that during the middle portion of the century, women in their naughtiness, and in obedience to an absurd and ridiculous custom, have voluntarily contracted their waists, and consequently, the abdominal space, to about one half of their natural capacity.

It is a fact that during that portion of time a vulgar prejudice prevailed against the use of the lancet, and prevented many women from being bled for the hyperæmia incident to pregnancy.

It is a fact that during the same time, there was, and continues to be, an alarming increase of eclampsia. Instead of a single case then, they can be counted now by dozens.

It then becomes *a concurrent fact, that just so far as the corset was drawn tighter, just so far as blood-letting was simultaneously neglected during pregnancy, just so far has puerperal eclampsia increased.*

We are aware that tight dressing was earlier adopted in the cities. Dr. McLane says, "My impression is that the disease is much more common in the cities." (Medical and Surgical Report for March, 1882.) If so, it looks to the crowded condition of the abdominal viscera for an explanation, rather than to a "deterioration of the maternal blood by the admixture of the fœtal exuviæ."

When the abdominal organs have been habitually forced down upon the pelvis and have established a

squatter's claim to the position, and the gravid uterus rises up to assert its right of domain, the conflict, too often, has a fatal termination. The kidneys, which chance to lie immediately upon the battle-ground, are among the first and greatest sufferers. Hence, probably comes most of the albuminuria so common in the later stage of pregnancy. Perhaps the same may be true of uremia. They appear to result from disturbance of the renal function, and may be accepted as a premonition of danger from eclampsia. They furnish a salutary caution, and, if excessive, should claim the utmost attention. But in their mild, every-day dress, we think them liable to be overrated. They soon vanish when the cause has been removed. (See the paper above referred to.) The attention they require is anticipatory and preventive. After eclampsia has appeared, the danger to life is imminent and immediate. To stop to inquire for albuminuria, before the brain has been relieved, would be like a man stopping to dine, while his house was on fire. We have not known trouble from this cause where free bleeding had been practiced. (See our cases 31 and 43 and a comparison of them on page 59.)

CLASSIFICATION.

We cannot fail to recognize hysteria, epilepsy, and apoplexy, outside of the puerperal chamber, but when they occur under the controlling influence of maternity, they appear as modified forms of one disease often not easily distinguished. We will class them as

HYSTERIFORM
EPILEPTIFORM
APOPLECTIFORM
} Puerperal eclampsia (merely as a matter of convenience).

These forms probably depend mainly upon the intensity of the cause and the susceptibility of the subject.

It has been our united experience, that the best and most satisfactory results have been obtained by immediate and very copious bleeding. But to be effectual in eclampsia, it must be thorough. It must be done for effect. To do this often requires a bold hand and a cool head. Yet cases sometimes occur which do not require any treatment.

In 1816 and 1817 the writer was an *interne* in the Philadelphia Dispensary, then the only one in the city. Blood-letting was in the ascendant, and one of his

duties was to do the bleeding by ounces. He soon found that while one could not bear to lose the quantity ordered, another required it to be doubled. The plan was changed, and he was left to judge by the effect produced, how much blood to take. With a finger on the pulse, an eye on the countenance, and, perhaps, an ear on the chest, he soon learned to wait with confidence for the desired result. From five to twenty subjects daily gave him a large experience. Such was the *school*, such the *lesson* he had learned.

Out of two hundred obstetrical patients, which he attended, under the friendly auspices of that noble charity, there were two cases of eclampsia.

In the first, it occurred near the close of the labor, without any obvious notice. She was immediately bled to ℥ xxv, and the babe was soon born without further trouble. In the second, was called at 4 o'clock, A. M., found her lying on the floor, her only bed, where she had lain for four hours in convulsions, profoundly comotose, face suffused and purple, breathing very slow and noisy, pulse slow, small and laboring, pupils large, no sign of labor. When about to spring the lancet, Dr. N. N., a young graduate, who had also been called, came in. On feeling the pulse he asked, "Are you going to bleed with such a pulse?" The click of

the lancet was the reply. As the blood flowed from a large orifice, the pulse rose in frequency, and became full and strong. On being asked to feel it again, he promptly answered, "you are right." The quantity taken was estimated at ℥ xlviii. The eclampsia did not return. At 9 o'clock the os-uteri was found soft and open. At the suggestion of Dr. N. an enema of pulo ergot was used. At 9.30 the membranes ruptured spontaneously. At 11 she manifested signs of returning consciousness. At 12.30, P. M., the child was stillborn without aid. The mother made a good recovery. It is due to Dr. N. to say that he very kindly assisted in conducting this unpromising case to a speedy and satisfactory issue.

The effect of the large bleeding upon the rigid os-uteri was wonderfully displayed in the case. Indeed there seems to be nothing hardly excepting anæsthetics which so happily relaxes the *os*, as copious bleeding.

CASES OF ECLAMPSIA.

ABORTED.

As it is a primary purpose of these notes to urge the importance of timely preventive treatment, we will first notice some cases where the eclampsia was obviously *aborted* and prevented by bleeding at the moment of attack.

1st Case, E. P., 1868, 10, 16. Multipara. Aged 22 years. Dr. Michener. In the latter part of her *first pregnancy;* this woman suffered pain in the head giddiness, ringing in the ears, with oppression in the chest, etc. She was bled to ℥xvi, with entire relief, and, in a few days later, passed through her labor comfortably. In her *second pregnancy*, the same troubles occurred, but the admonition was unheeded. The labor began favorably. After three hours, the pains became irregular, and she grew restless. She was anxiously watched. She moaned and tossed about but could not tell why. Presently, while making ready to bleed, she suddenly asked, "What is that *noise*?

I can't *move* my arm ; I can't *see*." On speaking to her, there was *no response*, but the blood was flowing rapidly from a large orifice. By the time it reached ℥xv she was again able to converse. It was continued to ℥xxv. The pains immediately returned, and in another hour the labor was satisfactorily concluded. In her *third pregnancy* the same troubles existed, but were removed by epistaxis. The same thing again occurred shortly before labor, for which she was bled ℥xvi. The labor came on and progressed regularly, but the pains being slow, the forceps were applied rather than incur the risk of protracted suffering.

This threefold case, its dangers and escapes, and the simple means whereby the one was obviated and the other secured, speaks more than volumes of theoretical disquisitions.

2d Case, A. M., 1865, 12, 21. Primipara. Dr. Michener. This patient had more nerve than muscle. She had been bled ℥xii, two weeks previous, for drowsiness and pain in the head. The labor progressed slowly, and was pretty well advanced, accompanied with much nervous excitement. From being too loquacious, she now became silent, or spoke inco-

herently. A vein was opened, and, while bleeding, a light convulsion came on. The blood ran slow, and by the time it made ℥ XII, consciousness was fully restored. A dose of morphia was given to relieve nervous tension, and in two hours she was placed comfortably in bed with the babe in her arms.

3d Case, E. W., 1826, 7, 29. Primipara. Dr. Michener. As I afterwards learned, this woman had suffered with her head. Near the close of the labor she suddenly exclaimed, "Oh, my head, my head!" and was found to be unconscious. She was promptly bled ℥ XVI, and before the arm could be bound up, the child was born. There was no further trouble.

4th Case, B., 1882, 7, 12.* Multipara. Dr. Ewing. This woman, having twice suffered the horrors of

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* NOTE.—Our somewhat arbitrary arrangements, puts this interesting case here, but it is the last of three cases occurring in the same individual, all of which should be read in connection, and in the order of succession. (See Nos. 12 and 13.) If this is done, it will show, *first*, that Dr. Ewing had an excellent teacher, and *second*, that he has shown himself to be an apt scholar.

eclampsia, was greatly alarmed at the prospect of its recurrence, and sent for the doctor in early pregnancy. She felt that she would certainly die this time,—just go to sleep and wake up in eternity. After giving her comforting assurances to tide her safely over her prospective troubles, she was closely watched, and after the sixth month her urine was tested twice a week. Albumen frequently appeared, but was easily removed by treatment. But at the end of the seventh month she was suddenly taken with pain in the head, confusion of sight, and with a pain between the scapulæ, extending forward to the sternum. She was immediately bled to ℥xxx, which produced syncope. This was followed by a more nitrogenous diet, with twenty grains of nit. potassa. three times a day until the end of pregnancy. The labor came on in due season, was natural and easy, and was not accompanied by any untoward symptom.

I. HYSTERIFORM,

PUERPERAL ECLAMPSIA.

5th Case, C. N., 1829, 7, 30. Primipara. Dr. Michener. This woman had passed through a natural labor and was placed comfortably in bed for two hours, when she had a light, though well marked convulsion without loss of consciousness, or other cerebral trouble. Under the existing circumstances, it was thought safe to wait results. No difficulty was experienced.

6th Case, G., 1847. Primipara. Dr. McClurg. Nothing unusual had been observed during the labor. The woman had been placed in bed, and the doctor had left for home. Some two hours after delivery she was seized with a strong convulsion, followed by entire loss of consciousness. The fits returned half-hourly. The doctor saw her, in company with the writer, in her third fit. She was immediately bled to ℥xx, when she began to show signs of returning conscious-

ness. The eclampsia did not return. She made a good recovery.

7th Case, E. H., 1863, 12, 23. Primipara. Dr. Stebbins. The doctor was called in the evening, but as the pains were rather slow, he went to bed. At 4 o'clock, A. M., she had a convulsion and he was called, but his feelings having been severely wounded by a previous case (see No. 39), he directed the writer to be sent for, and returned to his rest.

We found her in the fifth convulsion, which was light, and followed by only momentary loss of consciousness. While the doctor was being called, the forceps were applied, and delivery effected with the utmost facility. It was then found to be a *couplet* case, and the second head presenting, the instrument was re-applied and the delivery completed. The whole occupying only a few minutes. The babes were born vigorous and healthy. All the circumstances of this unusual case denoted a mild form of eclampsia, and, as there was no return of the fits, it was concluded not to institute any treatment beyond a simple anodyne. Convalescence was speedy and complete.

8th Case, H. P. S., 1858, 5. Primipara. Aged

25 years. Dr. Thompson. This woman had been safely delivered, after a rather tedious and severe labor, but without any special observation. The next day, twenty hours after delivery, she was attacked with eclampsia. She was bled, after the fit, to ℥ xviii followed by an anodyne. The convulsions did not return, and she made a satisfactory recovery.

9th Case, A. C. W., 1878, 10. Primipara. Aged 20 years. Dr. Thompson. When in her eighth month she suffered from pain in the head and concurrent symptoms, for which she was bled ℥ xvi with marked relief. Two weeks later, while visiting her mother, she was taken in labor, and came under the care of Dr. West. She appears to have passed her labor satisfactorily, but in an hour after was seized with eclampsia. The doctor administered ether with apparent temporary relief. The spasms returned after some hours, and Dr. T. was called in. They administered brom. potass., and the fits soon ceased. As the consciousness was restored, she was found to be nearly blind, and, for some time, all objects appeared black; otherwise she got up favorably. We suggest

that a moderate bleeding in place of, or before the ether, would have removed the whole trouble.

10th Case, L. H. C., 1882, 5, 4. Primipara. Aged 31 years. Dr. Thompson. The labor commenced at three o'clock in the morning, and progressed slowly till the same hour in the afternoon, when a convulsion occurred. Her condition being favorable the forceps were immediately applied, and the labor terminated speedily and easily, child living. She had two fits after delivery, for which bromidia was used. Her after progress was good. Here, again, a small bleeding would have hastened the facility of delivery, and, we think, would have prevented the after convulsions.

11th Case, E. D., 1883, 3, 16. Primipara. Aged 22 years. Dr. Thompson. Found her already delivered, but she still complained of her head being painful, and was obviously feeling uncomfortable, and in an hour after sank into a convulsion. She was immediately bled ℥xx with inhalation of chloroform. She also had brom. potass. grs. xxx, with some purgative

medicine. After some time and several fits, she appeared to sleep, and awoke to entire consciousness. She had the ordinary getting up.

12th Case, B., 1872, 4. Primipara. Dr. Ewing. Her husband was awakened by hearing her scream, to find her in a convulsion. She was bled and the child delivered, with the forceps, alive. Notwithstanding a free bleeding (?) and the use of antispasmodics, she had twenty-four convulsions, all told and did not regain full consciousness for several days. She finally made a good get up.

13th Case, B., 1876, 6. Multipara. Dr. Ewing. The same subject as the preceding one. The husband was again awakened by her scream as in the previous attack. The child was delivered with the forceps, dead. The convulsions continued for several hours after delivery, but wore off in the course of the day. Recovery was slow, and her memory was weakened for several months.

We would regret to record the inappropriate treat-

ment of these two cases, except as a caution, and for the encouragement of the younger members of the profession. They proved highly instructive to Dr. Ewing; may they prove so to others. (See note prefixed to our case No. 4, and, also, to the following one, No. 14.)

14th Case, M. A., 1874, 5, Multipara. Aged 35 years. Dr. Ewing. Was called at 4 P. M. to learn that she had been delivered at 12 M., but was now suffering with pain in the head, and a confusion of sight, etc. In addition to a feeling of general discomfort, she more particularly complained of a pain between the scapulæ, reaching through to the sternum. As this was an early experience, the doctor was not fully aware of the significance of this pain. He gave her 40 grains of brom. potass. and a promise to return in half an hour. Meanwhile the priest had been called in to minister to her spiritual wants, and the doctor could not then be admitted, until, in the midst of his ministrations, she was suddenly seized with eclampsia, and the doctor was called. A sad mingling of spiritual and temporal concerns. The doctor says, with my handkerchief round her arm, and with pen-knife in hand (for I had no lancet with me), I opened a vein, and bled her

℥xxxii, with the inhalation of chloroform to be repeated whenever she was threatened with a fit. The eclampsia did not return after the bleeding. She was fully conscious the next morning. Her recovery was satisfactory.

The doctor has happily suggested a new *procedure* for the benefit of those doctors who leave their lancet at home, or peradventure, are so unfortunate as not to possess one.

15th Case, I. M., 1883, 3, 21. Primipara. Aged 18 years. Dr. Ewing. Saw her the day before and concluded to bleed her the day following, but was called to her in labor in the morning. The labor was perfectly natural and speedy, and left her apparently in good condition, thinking that all danger had passed by, but in six hours was called. "Irene had a fit." She was still in the fit; it lasted over an hour, and left her unconscious. She was bled to ℥xxiv. In an hour she had regained consciousness, but had one very light spasm. Then gave 15 grains chlorate hydrate, hypodermically, and, when she could swallow, gave 40 grains of brom. potass. She fell into a quiet sleep, and at the end of four hours, awoke quite comfortable. Her recovery was good.

II. EPILEPTIFORM,

PUERPERAL ECLAMPSIA.

16th Case, H. S., 1815, 2, 15. Multipara. Aged 35 years. Dr. Roberts. Of this long-ago case little is known, except that the mother died and was buried with the babe in her arms. This was her fifth child. She was vigorous and a worker, and likely to neglect the premonitions of a danger which appears, then, to have been little known (see reference, page 4).

17th Case, A. G. 1828, 4, 7. Multipara. Aged 41 years. Dr. Michener. (Her tenth child.) It was the first case of eclampsia we had witnessed in the district. Labor pains commenced in the evening, and gradually increased during the night; but her greatest suffering was from an indescribable pain "*in the inter-scapular region, extending through to mid-sternum.*" The pain was not very acute, but she described it rather as a *distressed feeling* which *unnerved* her for making any effort to relieve herself. It was not relieved by a full

opiate. Not then aware of its significance, time wore away till 8 o'clock, A. M. Just as the labor was about to terminate, I chanced to notice a sudden, strong twitch of the facial muscles, and, in about one minute, the blood was flowing in a full stream from her arm. By the time it had reached a pint the convulsion came on; by its action the child was forcibly extruded. As the uterus was now relieved, and the convulsion had passed off, it was hoped that it might not return, and the bleeding was stopped at ℥ xxv. It did, however, return, about half hourly, through the day, despite several repetitions of the bleeding and other appliances, amounting to ℥ lx more with the concurrence of Dr. Chamberlain. She laid entirely unconscious for some 36 hours after the eclampsia had subsided.

We acknowledge this to be a badly managed case, but our failures may sometimes prove our best teachers, if we are only willing to acknowledge, and try to correct them.

The *eclampsic* pain, as we now understand it, should have been relieved by free bleeding, in place of the opiate, which, given at that time, probably did considerable mischief. It is also evident that the first bleeding was quite insufficient for so grave a case. The emptying of the uterus did not relieve the pres-

sure of the brain. It is not a true axiom that "the convulsions will cease in half an hour after delivery." The next case will verify these views.

18th Case, L. S. R., 1833. Multipara. Aged 33 years. Dr. Michener. The mother of several children, all of whom, except one, perished before or early after birth. She was, in every respect, a typical subject for apoplexy, of which she died, suddenly, some twenty years after. When seen in the evening, she had not observed any signs of labor, but was feeling very bad. Her suffering was from a pain which she said seemed to come "from the back, through to a point between the breasts." It was not so much an acute pain, as an indescribable distress, which was unlike anything she had ever experienced. Forewarned by the sad experience of the preceding case, and with the prospect of a grave attack of apoplectiform eclampsia, she was immediately bled from a large orifice, in a sitting posture, until a large chamber wash-bowl was about half full. The pain and discomfort all left while the blood was flowing. The pulse became more full and soft, the face paled, and the skin became moist without any exhaustion. She did not even in-

cline to lie down. For an hour she enjoyed social converse with her friends, when she reclined on the bed, and we passed to the next room for sleep, but were re-called in less than two minutes to find her in a terrible convulsion. In a moment the arm was rebound and the blood flowing freely. As the bleeding proceeded, the spasms subsided, leaving her entirely unconscious. The basin was now found to be pretty well filled, the pulse was now softened, the purple of the cheeks paled, the heavy stertor was relieved, and inspiration made easy; and in half an hour consciousness was restored, and the patient was quite comfortable. The quantity of blood was set down ℥xc; it was probably much more. A purgative was given, and a small blister applied over the epigastrium. She rested comfortably through the night. In the morning, the blister had drawn and the bowels were moved. We found her the next evening with incipient labor pains, but also with some return of the *distress* of the previous day, for which she herself prescribed *a little more blood*, and about ℥xii were taken with complete relief. The labor progressed rapidly, and in four hours she was comfortably put to bed of the easiest labor that she had ever experienced. The child was dead

born, as had been usual with her. It is needless to say she made a good recovery.

As this was pre-eminently a typical case, alike of puerperal eclampsia, of its treatment by blood-letting, and a successful result, we have given it special attention. The first bleeding was opportune, for if the abstraction of 40 or 50 ounces of blood did not retard the fit but one hour, what must have been the consequence if it had occurred with all that weight and pressure upon the brain and heart? The practice was indeed bold, heroic, but not more so than the emergency.* And we aver that there was not a single incident, either during the treatment or afterward, which indicated injury from loss of blood. We repeat, in the graver forms of eclampsia, blood-letting to be effectual, must be thorough. Each case must be its own

*Since these notes were written, we have seen Dr. Moody's address before the State Medical Society at Norristown. Speaking of eclampsia, he says, "In my own hands venesection has been almost universally disastrous. * * * In four cases, all the symptoms pointing to the apoplectic form, blood-letting was early and freely resorted to, with a fatal result in three." Very likely; but then, what does he mean by the terms *early* and *freely*? And what would be his success in the sudden and graver forms of ordinary apoplexy under like treatment? The fatal injury is often instantaneous. Can venesection stay the bleeding, or remove the extravasated blood from the brain? So, likewise, in eclampsia. We have reported several cases in which any *after* treatment seemed unavailing. Hence the *earnestness* with which we have urged the importance of *preventive* measures.

index, must be studied; there is a purpose to be gained, whether it be at the cost of ten or of a hundred ounces of blood. We invite attention to the sterno-spinal affection in this and the preceding case. These are the only cases in which we have observed it so strongly marked, and so closely localized, but other cases, apparently of the same character, have been observed in a more diffuse form.

19th Case, P. H., 1860, 2, 11. Primipara. Aged 29 years. Dr. Thompson. Labor began early in the day and proceeded slowly. About 10 P. M. she was attacked with convulsions, and was immediately bled to ℥ xviii. Soon after, the writer saw her. She had had one fit after the bleeding, and ℥ xii more blood was taken. After waiting some two hours, the labor was terminated by the forceps, with a living child. The consciousness soon returned, and she progressed favorably except a report of some post-partum hemorrhage on the next morning.

20th Case, E. W., 1878, 2, 9. Primipara. Aged 29 years. Dr. Michener. A very similar case.

When seen the labor was progressing slowly, and she complained of sharp-shooting pains in the head, with a feeling of constriction or binding of it. This was deemed sufficient notice, and she was immediately bled to ℥xx with entire relief; but in half an hour she had a convulsion, ushered in by a loud scream. In a trice the blood was flowing, and continued to ℥xx more. An hour after she had another light fit. In another hour the forceps were applied with the result of a living child. Consciousness was barely lost and was speedily regained.

This, and the preceding case show the danger of not taking enough blood at the first operation. Yet, in these, the force of attack was abated by the first bleeding. The babe in utero suffered less, and was enabled to survive till relief could be given. We have not known a living child to be born more than one hour after a grave eclampsia, unless there had been previous relief by bleeding. Please note this when attempting to save the child by a *premature and forced delivery*.

21st Case, M. S., 1855, 11, 28. Primipara. Aged 15 years. Illegitimate. Dr. Townsend. This unfortunate child had been in labor for several hours,

perhaps longer than the attendants were aware of. The pains were frequent and effective, and the labor approaching to a close, when she was suddenly seized with a strong convulsion without any observed warning. She was promptly bled ℥xx, and the conditions being favorable, the forceps were at once applied, while in an unconscious state. The child was living. She had no more fits, the coma soon passed off, and she made a speedy recovery.

22d Case, S. C. P., 1873, 6, 15. Primipara. Aged 23 years. Dr. Thompson. Saw this patient at 10 A. M., in her third convulsion. She had complained of headache and swellings of the limbs and face, but manifested no signs of labor. She was bled to ℥xx with cold application, irritants, etc. The convulsions continued most of the day at lengthened intervals and seemed gradually to wear out. Two weeks later she was delivered of a dead child, after which she made a good recovery.

23d Case, E. C., 1870, 3, 25. Multipara. Aged 30 years. Dr. Michener. This woman had complained to a neighbor, on the day previous, of having pain in

her head. As she rose from the bed in the morning, she suddenly fell on the floor in a convulsion. When visited, she was in the third fit. It left her quite comatose. The pulse was slow, small and corded or jerky; face swollen and flushed, breathing slow and noisy, extremities moderately swollen. She was promptly bled to ℥xxiv, until the pulse rose in fullness and frequency, the face paled, and the breathing became more free. From this time she manifested slight consciousness, which gradually increased. The eclampsia did not return. The pains grew stronger, and, in two hours, safely effected the delivery. The child showed signs of having been sometime dead. The recovery of the mother was quite satisfactory.

24th Case, S. B., 1866, 8, 22. Primipara. Aged 23 years. Dr. Thompson. Saw her at 11 A. M., and was informed that two hours before, while sitting conversing with her husband, she suddenly fell from the chair to the floor, where she was found in the eighth fit. Her limbs were swollen and her face bloated and congested. Was bled to ℥xxv followed by cold to the head, mustard to feet, etc., and an enema. She had manifested some signs of labor, which increased

after the bleeding. At 3 P. M. the forceps were applied, and the delivery terminated, with a living child. The convulsions still recurring at intervals, she was freely cupped on the temples and neck, after which the convulsions gradually subsided. Consciousness did not return till the next morning. For some days her sight was impaired,—objects appearing black; otherwise her recovery was quite good.

25th Case, ——— 1862, 10, 5. Primipara. Dr. Michener. This woman, an Irishman, had been in what appeared a natural labor, for several hours, and seemed near its conclusion, when eclampsia came on. She was bled to ℥xxx, and the delivery effected by the forceps. Thus the patient was cured of eclampsia before her Irish companions had recovered from their consternation. No further trouble was experienced.

26th Case, R. R., 1842, 4, 7. Primipara. Aged 19 years. Illegitimate. Dr. Michener. This unfortunate was attacked at 4 A. M., in the very first stage of labor, and had lain in almost incessant convulsions

for four hours previous to our visit. She was profoundly comatose, pulse 65, small and jerking; respiration, only 15 and stertorous; countenance almost livid; eyes suffused; the pupils nearly annular. She was bled to some ℥L with the effect of partially relieving the respiration; and the pulse became more open, and frequent, but the eclampsia continued to recur at short intervals. Various appliances were used externally, and a blistering plaster laid on the epigastrium. An hour after the bleeding was supplemented by ℥xx with the apparent effect of lessening the frequency and duration of the spasms, but without visible improvement otherwise. The convulsions finally ceased at the end of fourteen hours, numbering more than twice that number. There was complete relaxation of the tissues, and the child seemed to advance more from spasmodic agitation than uterine action, until it could be removed by manual assistance late in the evening. It was dead. Although wholly despondent, we now laid six blister plasters, 3 by 5 inches, on the fore arms, legs, and thighs, and left her for the night, to die; but no, the morning found her so far recovered as to be able to converse intelligibly. Without further details, her improvement was so rapid that she entered the family of Joseph Dowdal, just three weeks

after, in the capacity of wet-nurse, and rendered acceptable service. How far did the extensive blistering contribute to this result?

27th Case, G. A. B., 1868. Primipara. Aged 19 years. Illegitimate. Dr. Stubbs. This poor girl was found in her bed in the morning with convulsions, which, from appearances, might have existed most of the night. She was found totally unconscious, and with the usual conditions of pulse, respiration, etc., for which she was bled ℥xviii and external applications used. The fits continuing, the writer saw her at noon. She was again bled ℥xviii, and had a quarter grain, of morphia, hypodermically, after which she seemed to sleep, but moaned and was restless, probably from the labor pains. The eclampsia did not return. The babe was born in four hours after the last venesection, by the pains alone. It was dead. She did not become conscious until the next morning. She soon recovered only to repeat the same trouble for herself, and died in the county almshouse a year after of eclampsia.

28th Case, R. L., 1855, 7, 12. Primipara. Aged

25 years. Dr. Michener. A bundle of nerves. She had been for some time complaining of swelled feet and pain in head with a great deal of nervous excitation. Early in her eighth month she had a sudden attack of eclampsia in the morning. Saw her in the third fit. She had not been conscious after the first one. She was cautiously bled to ℥xv, which appeared to lessen the frequency and duration of the fits which still returned. At noon she was again bled to ℥xii with benefit, as the spasms gradually abated till evening. Consciousness did not return till the next day. Eight days after she was delivered, naturally, of a dead and putrid child. She convalesced slowly, and her nerve system remained badly shattered.

From later experience, we think that the free use of morphia, after moderate bleeding, would have been more proper.

29th Case, R. L. (2d), 1863, 6, 14. Multipara. Dr. Michener. Same woman as the last.

Those delicate mothers who are least able to bear the strain, are often subject to more frequent childbearing, than their abler sisters. So of the present.

She had five births in less than eight years. Each successive one leaving her constitution more shattered and less enduring. She had been under daily observation for weeks, and we awaited the coming trouble with extreme anxiety.

The labor began in the morning and progressed slowly till 1 P. M., when the convulsions commenced, and returned half hourly. Various appliances were used, but all active treatment seemed inadmissible. As the tissues were fully relaxed, and the child not advanced, it was concluded to deliver, by version, with the forlorn hope that the presence of the hand might excite more healthy uterine action. The version was effected with facility, and without force, but hardly produced any sensible contraction. There was no hemorrhage following the child. The after-birth was left to nature. She continued to sink rapidly, and died in two hours. The child had probably been dead for some time. This case was quite unsatisfactory to ourselves and must be so to others.

Morphia and the bromides, as used in the previous preparatory treatment, had not recommended themselves, and could not now be swallowed. We regret not having tried large, even heroic, doses of morphia, subcutaneously, in so unpromising a case.

30th Case, ——— 1876. Multipara. Dr. Taylor. Had complained of pain in head, etc., for some days before. On coming down stairs in the morning, she fell on the floor in a convulsion. The doctor was met on the road, going a distance from home; saw her transiently at 9 o'clock, directed some medicine and passed on. She was then comatose. The eclampsia returned at short intervals; he did not observe any indication of labor. He did not return till late in the afternoon to find that the convulsions continued to recur, and that the medicine could not be given. At this stage the writer saw her. She was tossing, unconscious, about the bed, moaning frequently. Skin and extremities cool, head hot, breathing difficult, pulse feeble, pupils much dilated. Has had more than a dozen fits, and was obviously far spent. The brain was the suffering organ, but so long as there was nerve power sufficient to produce an eclampsia, there was still something to be saved. She was bled to ℥xx which sensibly relieved the embarrassment of the heart and lungs.* On inquiry, the babe was found ready for easy delivery, and was immediately removed, dead.

Note.—The original memorandum, made at the time, says, "The dark thick blood at first escaped very slow, gradually changed color and consistence, and flowed more freely. The breathing became easier and the pulse more full."

The fits were suspended after the bleeding, but consciousness was slow in returning, and she had two or three slight spasms late in the evening. Her recovery was tedious. It was a sadly neglected case, by the family and neighbors; and if one physician could not attend to it, there were others who would have done so.

The safety and advantage of bleeding, even at that late stage, was sufficiently manifested. She subsequently died of a dual eclampsia out of our district.

31st Case, A. E. T., 1882, 4, 29. Primipara. Dr. Thompson. The doctor was called to the case this morning on account of a persistent and growing pain in the head, which had continued for several days with more or less sickness of stomach, and considerable swelling of the limbs. He proposed to bleed, but she timidly objected. He then left her to see an urgent case near by, saying that he would return in an hour and bleed her. This was an all-important hour—an error he will not be likely soon to repeat. The condition of the brain was more immediately urgent, for in half an hour eclampsia came on, and he was recalled. The writer met him at the gate. We found

her in the third convulsion. She had been unconscious from the first fit; face flushed, discolored, pulse slow and contracted, breathing slow and laborious. She was at once bled to ℥xx with marked relief to the oppressed functions. In half an hour she had another fit, and ℥xv more blood was taken. The spasms did not return, the respiration became more free and the face paled. She lay for several hours, and then became restless, moaning and tossing. Morphia was then given hypodermically. She soon fell into an apparently sound sleep for two hours. When she awoke, consciousness was partially restored. There were no indications of labor, which came on naturally, in ten days after, and terminated satisfactorily, the child dead. We also made a mistake in not drawing sufficient blood at once. However difficult it may be to determine what is *enough*, it is perhaps, always, a waste of blood to have to repeat the operation. The urine was highly albuminous.

32d Case, M., 1866, 5, 13. Primipara. Dr. Townsend. The doctor was not called until this morning, though she had been in labor most of the previous day and all night. The pains were strong and frequent,

the face was flushed and had a peculiar wildness of expression, the pulse was full and frequent. Utterly ignorant of her needs, and badly instructed, she refused to permit an examination, and would scream, and resist every attempt. He proposed to bleed; the mother said it should not be done. He said it must, and the husband brought a bowl. Just then breakfast was announced, waiting. The mother was indulged thus far, but the delay was most unfortunate. In less than ten minutes she was in a violent convulsion. She was immediately bled to ℥xxv; the forceps were applied, and the delivery speedily effected without force, the child alive. The pulse came down, the countenance changed, and she seemed to be conscious, but would not converse, which was then attributed to diffidence. She now had a full dose of morphia, and, after staying two hours without a return of the eclampsia, she was left, to appearance, comfortable.

Before his morning visit the eclampsia had been renewed, and he found her a raving maniac. It is needless to give further details than just to say, that she continued in this condition, with one short, lucid interval, on the third day, until the 26th (13 days), when she died, in her thirty-eighth convulsion.

The eclampsia may have been complicated with

conditions inimical to life, but does not excuse the neglect of proper training, or of attention to her maternal wants. The brief delay for breakfast was a loss of precious time, never to be regained. The lancet, we think, might have been more freely used. The proper time for its use would have been at the beginning of labor, or, far better, before it began. Prevention is always better than cure; doubly so when the cure is uncertain.

33d Case, M. P., 1855, 7, 24. Primipara. Dr. Townsend. This case began at an early hour, and seemed to progress favorably until 9 o'clock, when she was attacked with convulsions without any obvious warning. She was very speedily bled to ℥xx, and sundry means used. Dr. Pennock also saw her. The fits still continuing, we saw her at 11 o'clock. They appeared light and occurred at long intervals, and consciousness seemed hardly to be lost. The labor being well advanced, was speedily terminated by the forceps without force or injure of any kind. There was no return of the spasms, and we soon left her with the promise of a speedy recovery.

During the afternoon, however, she became more

insensible, and on the second day died with indications of effusion and compression of the brain. The child was dead before the delivery.

The amount of blood was not in accord with the rule recommended in these notes, but it did seem proportioned to the mildness of the symptoms; otherwise it would have been supplemented. We regret that it was not. In those imperative cases it is safest to err on the other side.

34th Case, L. J. C., 1868, 2, 26. Multipara. Dr. Stubbs. Two days previous, after riding out in the evening, she retired early to her chamber, but soon returned to the family, saying she did not feel well, and did not want to be alone. She laid down on a sofa, and directly had a fit. It was quite transient. She was lightly bled, ℥xv, after the fit, and its effects soon passed off. Two days later, while the doctor was visiting her, she had a regular and strong eclampsia. She was immediately bled to ℥xxx or more, which caused some tendency to syncope. As the effect passed off, she seemed in her usual health, and remained so for a week, when she was delivered of a child, sometime dead.

Was this an anomalous hysteriform eclampsia, or was it primarily epileptiform, and arrested by the prompt and free bleeding? Probably the latter.

35th Case, S. C. P. (2d), 1875, 2, 15. Multipara. Aged 25 years. Dr. Thompson. The same woman as our No. 17. She was attacked with eclampsia in the night; was freely bled, say ℥xxv, with decided effect on the pulse, and bromide potassium given which appeared to control the spasms. About three days after, she was delivered of a dead child. Her recovery was slow.

36th Case, B., 1879, 8, 19. Multipara. Dr. Norris. This case did not come fully under our observation. A sister, who was present, makes the following statement:

"Her limbs had been very much swollen. She was taken sick at about 11 o'clock A. M., with severe pains, and about 2 o'clock she was taken with spasms, and had several severe ones, until she was delivered, which was about 5 o'clock in the afternoon. After that she still had them until her death, but not so

severe, and which occurred about 3 o'clock in the morning. After the second spasm she was unconscious up to the time of her death.

"Dr. Norris was with her until her death. Dr. Stephens and Dr. Stubbs were with her at the time of her delivery. Your friend,

HARRIET C. TAYLOR."

This unfortunate case is interesting and a caution to doctors and patients. Dr. Norris, a young man and a stranger, had just made his debut at Avondale, and may not have been prepared to meet the responsibilities of so serious a case. Dr. Stephens, acting on this supposition, is charged with having transcended the duties of a consultant. Dr. Stubbs arrived when the delivery was in progress, and left soon after.

It should be noted that she had been bled ℥xxv, and the child born alive. The eclampsia did not cease in half an hour, but continued ten hours after delivery. The child was perhaps saved. The mother may have suffered loss.

III. APOPLECTIFORM.

PUERPERAL ECLAMPSIA.

37th Case, S. S., 1829, 3, 28. Primipara. Dr. Michener. This patient had suffered in mid-pregnancy from pain and giddiness of the head, which were relieved by a protracted and obstinate epistaxis that finally required active repression. From this time the case was lost sight of until summoned to witness the death struggle from eclampsia. She had, indeed, complained of her head for the past two weeks, but had neglected it. Her husband, being a miller, she was left alone in her chamber till 4 o'clock in the morning, when he entered to find her in violent convulsions. How long she had been so, was unknown. Two hours later we found her in a profound apoplexy. The face almost black, the skin already cyanosed, the extremities cold, heart and lungs acting very feebly. She was in *articulo mortis*. The cerebral vessels had not been able to bear the high pressure the eclampsia had thrown upon them. She was promptly bled to ℥XLV, or more, and every available appliance used,

but without effect. The eclampsia, it is true, declined and soon ceased; more, perhaps, from the decline of the vital forces than from the treatment. She died in the evening, some fifteen hours after the case became known. Labor had not begun.

Dr. Allison, who saw the case, discouraged any attempt at treatment, and soon returned home. Further experience, as we shall show, has satisfied us that in this, and a few other cases, the fatal mischief was probably instantaneous, before any means could be applied, and therefore ought not to be counted in the estimate of the value of curative remedies.

38th Case, A. T. H., 1870, 5, 23. Primipara. Aged 24 years. Dr. Thompson. She had not slept much during the night on account of pain in the head, etc. When the husband left the room in the morning, he informed his mother, and asked her to go see her. She did so, and found her lying on the floor insensible. The doctor was very soon there. While observing the case, she went into a convulsion, probably not the first one. She was immediately bled to ℥xxv or ℥xxx. It was noticed during the second fit that the left side appeared to be entirely *paralyzed*. There were scarce any indi-

cations of commencing labor. The bowels were freely evacuated by enema with mustard, and cold applications to the limbs and head, without any relief. At 3 P. M. the os-uteri was so far dilated that the forceps were applied, and the delivery effected with considerable difficulty and delay of a dead child. She became more profoundly comatose, and died about ten o'clock that evening. This also appears clearly to have been a necessarily fatal case, evidenced, as the doctor claims, more fully by the *paralysis* of one side.

39th Case, R. J. L., 1865, 5, 12. Primipara. Aged 33 years. Dr. Stebbins. This is only another instance of the sad and fatal neglect of the diseases of pregnant women at a time when relief can be readily afforded. A relative, who had visited her, a short time before, informs us that she was then very much swollen in body and limbs, her face bloated, discolored and distorted. They were urged to consult their family physician, but neglected to do so.

Labor began early in the morning, and continued with increasing suffering, but with very little effect. This, we think, should have been relieved by free

bleeding. Away on in the night, while all hands were idly waiting for a change of base, it came suddenly in the form of a terrible eclampsia, causing the utmost alarm and confusion. She was bled, in a sitting posture, from a large orifice, and the blood flowed freely; but from the tossings of the patient, and the alarm of the attendants, the blood was thrown hither and thither, and some delay was occasioned in properly securing the arm. This was scarcely accomplished when she was observed to sink down,* causing some one to say she had fainted. No, she was dead.

This was certainly an *extraordinary* case; probably, as we have placed it, severely apoplectic. But we can as readily conceive of heart-clot, or some other of the causes of *sudden death*, to occur at the same juncture of time with eclampsia. Why not? The quantity of blood was variously estimated from ℥xx to ℥xl; we prefer the latter.

The sensibilities of the doctor were so hurt by this disaster that he has not since been able to assume the responsibilities of a case of eclampsia, single handed.

* We have since learned from the mother, that so soon as the arm was bound up, she appeared to be quite sensible, and asked to be laid down, and in a few moments she was dead. The existence of consciousness, at that time, rather strengthens the suggestion already made of some concurrent cause of so sudden a death.

(See Nos. 6 and 34.) As the case sprung up in the rich soil of an old *Lobelia hot-bed* of the defunct *Thomsonianism*, it produced a rich crop of *silly gossip* about bleeding.

40th Case, M. T. P., 1883, 1, 8. Primipara. Aged 31 years. Dr. Thompson. The doctor saw her at 5 A. M. She had been suffering considerable pain, and in less than five minutes convulsions came on. While preparing to bleed a second one came. She was bled to ℥xxv. The pulse and respiration were obviously relieved. The labor had made very little progress. As the spasms returned, anæsthetics were used. They seemed to postpone, but did not prevent the fits. Succeeded also in giving a dose of bromidia. Externals were freely used. At 10 o'clock the os was dilating, and, at 1 P. M., I applied the forceps, and, with considerable exertion, delivered her of a large, dead child. She continued quite comatose after the second fit, and died in less than half an hour.

The doctor adds to his report, I have attended her father in two attacks of diabetes, and other members of her family. I learn that her mother was taken with convulsions three days after her sixth labor, and

had in all thirty-eight convulsions. She was subject to epilepsy for thirty years after.

The daughter, when a girl, had a severe diabetes, and had continued subject to kidney trouble. Other members of the family have died of similar disease. With such a history, it is probable that her case was largely uremic.

41st Case, L., 1878, 9. Primipara. Drs. Eves and Ewing. Was called in consultation with Dr. Eves. She had been in convulsions for three hours, and was unconscious when seen. She had been bled (how much?) without any relief. The fits returned every half hour. The os was dilated to the size of a dollar, but rigid. Inhalations of chloroform were now given, forcible dilation made, and the child delivered, footling, by version. It was dead. Morphia was administered, hypodermically, to allay nervous irritability. The left side became paralyzed. She died 12 hours after delivery.

This was reported apoplectiform, and it probably was so; we so accept it. But if the *lancet* had been as fearlessly used as the *dilator* was, and *instead* of it, the result might have been different.

FORCIBLE DELIVERY.

While the books afford ample authority for forcible delivery, our experience does not appear to sustain it.

Of ten cases in which labor was gently assisted by forceps, or otherwise,

Nine succeeded to entire satisfaction.
One died (see No. 33).

Of seven cases of forcible delivery by forceps, version, etc.

All died.

It may be urged that these were the worst cases, and, to some extent, it may be true, but we greatly fear that harsh means may have helped to make them so.*

We have witnessed so little gain by forcible assistance, even where the labor was progressing, that we

*Since these notes were written, we have seen some confirmatory statistics furnished by Dr. Schauta, of Vienna.

Of 227 cases of eclampsia

42 occurred during pregnancy,
20 were delivered by the natural efforts,
2 died.=10 per cent.
21 were delivered by manual assistance,
19 died.=90 per cent.
185 occurred during labor,
53 were delivered naturally,
14 died.=20 per cent.
132 were delivered artificially,
54 died.=40 per cent.

Nevertheless, Dr. Schauta says he does not totally condemn all opera-

could in no wise venture on dilatation and delivery before labor has commenced, for the mother's sake. Indeed, we often see eclampsia subside, and the uterus remain in a passive state for many days; an evidence that the morbific excitation of the disease did not spring from that organ, nor require delivery for its relief. The functions of maternity are normal, and, unless interfered with, do not produce disease.

But the safety of the child must not be forgotten. This affords almost the only justification for interference in the delivery until nature has made the effort and failed.

The viability of the child must be considered; mainly, from the physical condition of the mother, and the violence and duration of the eclampsia. The life of the mother is paramount to that of the child.

In the graver forms of eclampsia, where the decarbonization of the maternal blood is reduced, the babe in utero will probably soon die of suffocation. We have hardly known a living child born more than one hour after the attack.

In milder forms, the child may survive for several hours—especially where the functions of the lungs have been partially restored by free bleeding. This is, alone, a strong reason for the use of the lancet.

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tive interference in eclampsia, but the accoucheur should not allow himself to be persuaded into operative delivery, unless the clearest indications exist, and the necessary conditions are present.—*Quarterly Compendium, January, 1883, page 73.*

IV. SIMILIA SIMILIBUS CURANTUR.

42d Case, A. Y. M., 1870, 6, 30. Primipara. Aged thirty years. Dr. Johnson. This woman had about reached her term, when a violent thunder storm, on the previous day, alarmed her exceedingly. She was almost immediately attacked with severe pain in the head, and the doctor was called, but soon left her. The pains increased, and she became frantic during the night, until eclampsia ensued, about 4 A. M. The Homœopathic doctor was re-called. But Homœopathy quailed before eclampsia, and directed Dr. Stebbins to be sent for. Being three miles away, he did not arrive till 9 o'clock, and finding the woman in *articulo mortis*, declined any responsibility alone, and had the writer summoned. Another three miles, and he, being from home, did not reach the house till noon, to learn that the patient had been dead an hour. There had been no indication of labor.

This report is only valuable as a warning to others

not to trust their lives and dearest interest in the hands of incompetent attendants. There could be no excuse. The warning was loud-spoken; the time to employ the preventative means, twelve hours, was amply sufficient. I repeat, *there was no excuse.*

In this case of full plethoric habit and high excitement it is probable, after the occurrence of eclampsia, that no means could have prevented a fatal result. It was apparently profoundly apoplectic, but not so in the incubatory stage, when a free bleeding should have saved life.

43d Case, A. C. T., 1882, 4, 22. Primipara. Dr. Johnson. An interested eye witness has furnished us the following interesting history of this sadly instructive case:

"A. C. T. was confined 4mo. 22d, and died 6mo. 16th,
"1882. She complained of pain in the head during
"all the time of labor, which pain continued until the
"convulsions commenced. Labor commenced about
"three o'clock in the morning. The child was born
"about eight (5 hours). The convulsions commenced at
"at one o'clock, same day; continued at intervals at 1½
"or 2 hours, sometimes more frequent, until two o'clock
"next morning (11 hours), making fifteen convulsions.
"She became entirely unconscious after having four

"convulsions. She revived after each one at first, and "after a little while would go to sleep; then waken "and go right off into a convulsion again.

"Her treatment was Homœopathic. Dropsy was "the immediate cause of death, her body and limbs "being greatly swollen. Respectfully, I. T."

"*Avondale.*"

Here, again, there was ample warning given. Pain in the head during the five hours of labor, and continuing for another five hours after! What did it mean? Death? By no means; but it did mean a *necessity* for prompt preventative treatment. The history clearly indicates a long-delayed and mild form of eclampsia. But then she died of dropsy! Yes, and so might many others have died if they had been treated in the same way. The *temporary disturbance* of the renal functions, from uterine pressure, was allowed to grow into *organic disease* of the kidneys, and resulted in a fatal renal dropsy. A result which we have not known to follow the *free use* of the lancet. No, never. It seems *apropos*, in closing, to compare this case with our No. 31. They were remarkably *similar*, yet no less *dissimilar*.

Both were of the same *name*, by marriage.

Were near the same *age*.

Lived in the same *neighborhood*.

Were recently *married.*

Were *primiparous.*

Sickened within *seven days* of each other.

Had *albuminuria* before their sickness.

In one, the eclampsia occurred *before* labor began. In the other, not till five hours *after* delivery.

In one consciousness was *immediately* lost. In the other not until after the *fourth fit.*

In one the convulsions (4) did *not return* after bleeding. In the other they continued (15) for thirteen hours.

In one the treatment was essentially *free bleeding.* In the other it was *homœopathic.*

In one the albuminuria soon *disappeared.* In the other it *continued to increase* until death.

In one the woman is *living* and well. In the other she is *dead* of renal dropsy.

44th Case, S. C. P., 1879, 6, 15. Multipara. Aged 27 years. Dr. Lukens. This unfortunate woman had already been the subject of our cases Nos. 22 and 35, and had subsequently passed through two accouchments under the Homœopathic banner, with the loss

of one of the children. As reported to us, when in the eighth month of her fifth pregnancy she applied to the doctor for a violent pain in her head. He did not give it attention. She importuned him further: "Oh, doctor, my head will burst." He told her to lie down and it would get better. She did so, and, as he might have expected, soon went into a convulsion in his presence. The fits returned hourly for some twenty-four hours, when she died. Such a case does not admit of any comment.

RESUMÉ

Of the 44 cases of Puerperal Eclampsia.

30 were primipara,
14 " multipara.

Of these 13 women died—
9 primipara,
4 multipara.

20 Children perished—
12 primipara,
8 multipara.

In 11 eclampsia occurred before labor.
" 23 " " during labor.
" 10 " " after delivery,
" 10 the labor was gently assisted by forceps, etc., one died.
" 7 the delivery was forced, five died.

It may be stated here that

Cases 12 and 13, } Occurred respectively in the same
" 28 and 29, } woman.
" 22, 35 & 44, }

While Nos. 27 and 30 both died of eclampsia afterward outside of our district. Thus five women afforded eleven cases of eclampsia, four of whom died of the last attack.

We have stated and endeavored to show causes why this disease has greatly increased in frequency of later years. More fully to show the increase, we have arranged the cases in decades according to dates:

DATE.			DEATHS.	
			Women.	Children.
From 1800 to 1810 there were none.				
" 1810 to 1820	"	1	1	1
" 1820 to 1830	"	4	1	1
" 1830 to 1840	"	1		1
" 1840 to 1850	"	2		1
" 1850 to 1860	"	5	1	2
" 1860 to 1870	"	13	5	6
" 1870 to 1880	"	11	3	6
" 1880 to ——	"	7	2	2

Thus, during the first half of the century we find only 8 cases of eclampsia, while in the remaining thirty-three years there has been 36, an increase of 450 per cent. Yet, for obvious causes, often criminal,

it is not probable that there has been much—if any—increase of the number of births in our districts.

In 37 of our reports the months of these occurrences are given. Small as the number of cases is, the result is curious:

Months—	1	2	3	4	5	6	7	8	9	10	11	12
Cases—	–	5	4	5	5	4	5	2	1	3	1	2

Thus, from the second to the seventh month, inclusive, we have 28 cases, while from the eighth month round to the first, inclusive, there are only 9, less than one-third. This cannot be the result of a sickly season, for it covers a period of sixty-eight years.

THE VALUE OF BLOOD-LETTING

IN ECLAMPSIA.

It must be remembered that these notes are not selected. They include all *forms* of the disease, all *methods* of treatment, and with all *sorts of doctors*—often with little or no experience in the matter. No less than twenty of the fraternity gave the attendance in these cases, either as primaries or consultants. Yet the incongruous medley was quite successful. Only 13 fatal cases out of 44. Hence it is useful to sift and analyze the crude mass, in order to find the *element of success.*

Thus No. 16 the treatment is *unknown.*

Nos. 5, 7, 9, 10, 13, 29 were *not bled.*

Nos. 42, 43, 44 were treated *homœopathically.*

This leaves us 34 cases, with 8 deaths to be accounted for.

In all these fatal cases the blood drawn varied from 20 to 45 ounces—never more, while in 17, 18, 26, all severe but successful cases, it amounted respectively to 85, 90 and 70 ounces. Please note this.

Again, Nos. 37, 38, 39, 40, 41 were so obviously and

profoundly apoplectic as to afford little hope of benefit from any treatment.

No. 32 was apparently complicated with other morbid conditions.

No. 36 was hardly less exceptionable.

No. 33, the only remaining fatal case, was only bled to 20 ounces. The *result* was not in accordance with the *mildness* of the symptoms, and is inexplicable.

If, under these adverse conditions, our balance sheet still shows 26 recoveries to 8 deaths, we need not hesitate to recommend the lancet as the most simple, convenient and effective remedy yet known for puerperal eclampsia.

Our aim is practical. There may be albuminuria, anæmia, blood poison. These are proper subjects for previous consideration; studies for the closet. But they are *out of place* at the bedside of a patient in eclampsia. There we have to deal with *immediate effects*, not with *remote causes*. Whatever may have been the cause, the effects are pressure on the brain, producing loss of nerve power; an enfeebled heart, not now able to carry its usual burden, and lungs gorged with more blood than they are able to trans-

mit. The danger is both imminent and immediate. We must first relieve the oppressed organs. Unless speedy relief comes the patient will die long before the remote cause could be determined and removed. And we appeal to the *common sense* of every reader who has the *article* whether blood-letting is not the most natural, the most direct, the most immediate means that can be used in such an emergency. Indeed, the proximate cause of the trouble is too much blood in the brain, heart and lungs. Remove that blood and the effect will cease.

To bleed for effect is a simple rule; but in the unconscious state of eclampsia the effects of all remedies are rendered less obvious, perhaps less immediate, than in most other diseases. The incertitude of medical opinions occasions *hesitancy*. The clamor of attendants at the sight of so much blood has an *influence*. Hence the common mistake of not taking a sufficient quantity at the first operation. We have often fallen into this error, as these notes fully prove, but we have happily found that the advance of the enemy had been *stayed;* that we had gained time for *more deliberate action*.

But our duties do not end with the *cure* of eclampsia. We must learn to guard against its approach, even in its most insidious forms. Puerperal eclampsia has its incubative or premonitory stage generally of days or weeks' duration, and denoted by symptoms which are obvious alike to patient and physician. And all experience teaches that, by proper attention to those symptoms, eclampsia need very seldom, if ever, occur in the puerperal chamber. If this be true, then *every pregnant woman should be timely advised of the conditions of her safety;* not to excite her *fears*, but to assure her *confidence*. Let her be not only *forewarned*, but also *forearmed*. In fact, *for the last three months of her term she should be kept under the observation of a competent medical adviser*. The increasing *danger* of eclampsia from neglect, and the facility with which it may be *obviated*, but more especially the *priceless value of woman in her maternity*, justifies and demands this at our hands.